



Laurence
Please refer to the *Instructions*

Comments

[illegible][illegible][illegible]

		STREET ADDRESS OR LOCATION FROM KNOWN REFERENCE POINT																														
C	S																									State	ZIP Code					
C	5	1	6	6	9	5	B	W	E	S	T		1	5	1	S	T														State	ZIP Code
C	6	City or Town																								State	ZIP Code					
C	6	D	L	A	T	H	E																							State	ZIP Code	

Name and Title (last, first, and job title)										Phone Number (area code and number)																	
C	a	r	t	w	r	i	a	n	h	t	,	L	i	n	d	a	M	a	9	1	3	7	6	4	9	4	9

A. Name of Installation's Legal Owner																	B. Type of Ownership (enter code)	
C R	B	a	r	r	y	J	A	M	e	s	P							X

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	NOTE: If generator, you must complete section X.E. on back side of form.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div> <input type="checkbox"/> 7. Specification Used Oil Fuel Marketing to On site Burner Who First Claims the Oil Meets the Specification	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BUREAU OF DEC 02 1987 MANAGEMENT </div>

☐ A. Utility Boiler 435657 ☐ C. Industrial Furnace

☐ A. Air ☐ B. Rail ☐ C. Highway

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number							

D - For Official Use Only											
C										T/A	C
W											1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☐ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D004-)

E. Total Quantity Generated Per Month. Mark 'X' in the appropriate box below corresponding to the total quantity of hazardous waste generated per month.

- ☐ a. Greater than 1,000 KG (2,200 lbs)
- ☒ b. Less than 1,000 KG but greater than 25 KG (55 lbs)
- ☐ c. Less than 25 KG (55 lbs)

D017
Specify
Below:

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature x <i>David Shultz</i>	Name and Official Title (type or print) x General Manager	Date Signed x 11-15-87
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KDHE Form 8700-12 (Rev. 11-85) Reverse

Mail completed form to: Bureau of Waste Management
Kansas Department of Health & Environment
Forbes Field
Topeka, KS 66620